

UNITED STATES PATENT
Form P1

¹Attorney Docket No. 15892.2

COMBINED DECLARATION and POWER OF ATTORNEY
(Utility, Design, National Stage of PCT)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

(Check one applicable item below)

- ☐ utility patent application
☐ design patent application
☒ national stage of PCT patent application

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION²

✓ PECAM-1 MODULATION

SPECIFICATION IDENTIFICATION

the specification of which:

(complete (a), (b), or (c))

(a) ☐ is attached hereto.

(b) ☐ was previously filed _____, as United States Patent Application
Serial No. _____.

(c) ☒ was described and claimed in PCT International Application No.
PCT/GB02/05730 filed on December 17, 2002 and as amended under PCT
Article § 19 on _____
(*if any*).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claim(s), as amended by any amendment specifically referred to in the declaration, referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56.

FOREIGN PRIORITY CLAIM

(35 USC § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))³(d) ☐ no such applications have been filed.(e) ☒ such applications have been filed as follows.

Note: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below, and make the priority claim.

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS⁴
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (month, day, year)	PRIORITY CLAIMED UNDER § 119 or § 365	
Great Britain	0130832.9	December 22, 2001	<input checked="" type="checkbox"/> YES	NO <input type="checkbox"/>
			<input type="checkbox"/> YES	NO <input type="checkbox"/>
			<input type="checkbox"/> YES	NO <input type="checkbox"/>
			<input type="checkbox"/> YES	NO <input type="checkbox"/>

U.S. PRIORITY CLAIM
(35 USC § 120)

I hereby claim the benefit under 35 USC § 120 of any United States application(s) or § 365(c) of any PCT international application designating the United States of America listed below, if any, and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of title 35 USC § 112, I acknowledge duty to disclose information which is material to patentability as defined in title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international application filing date of this application.

UNITED STATES or PCT PARENT APPLICATION NO.	PARENT FILING DATE (month, day, year)	PARENT PATENT NO. (if applicable)

POWER OF ATTORNEY

I hereby appoint as my attorneys and/or patent agents all attorneys and/or patent agents listed under the following Customer Number, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<p>022913</p> <p>PATENT TRADEMARK OFFICE CUSTOMER NUMBER</p>

All correspondence and telephonic communications should be directed to:

DANA L. TANGREN
Registration No. 37,246
Telephone (801) 533-9800
Facsimile (801) 328-1707

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

Jonathan GIBBINS
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship Great Britain

Residence READING Great Britain

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2-00 Full name of second joint inventor, if any

Milenko CICMIL
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature *Milenko*

Date SEPT 15, 2004 Country of Citizenship Serbia and Montenegro

Residence READING Great Britain GBK

(city) (State or Country)

Post Office Address School of Animal and Microbial Sciences, The University of Reading,
Whiteknights House, Whiteknights, Reading, RG6 6AJ Great Britain

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Full name of sole or first inventor

Jonathan

(GIVEN NAME)

M

(MIDDLE INITIAL OR NAME)

GIBBINS

FAMILY (OR LAST NAME)

Inventor's signature *Jonathan Gibbins*

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Full name of second joint inventor, if any

Milenko

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CICMIL

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

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